



SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT



DO NOT USE FOR

* Contractor
vehicle permit

OR

* Single Day
Temporary Parking
Restriction
Request

DIRECTIONS

Step One:

- If this request involves closing a street
Contact Lafayette Police – Special Operations Division / 765-807-1293
- If this request involves renting the Big Four Depot - Community Room,
Riehle Plaza, or John T. Myers Pedestrian Bridge
Contact Facilities Department for availability / 765-807-1323

Step Two:

- Complete and submit this application to Lafayette Clerk's Office
City Hall, 2nd floor, 20 N 6th Street, Lafayette, IN / 765-807-1021

User Information

Date of Event: AUG 26-27-2022 Time: From: 6 PM am/pm to: 11 PM am/pm

Name: SCOTT FREEMAN Organization: OUICHACHE MUSIC FESTIVAL

Street Address: PO BOX 176

City: LAFAYETTE State: IN Zip Code: 47902

Contact person(s): SCOTT FREEMAN Phone Number(s): (765) 532-0837

Email: SCOTTFREEMAN12@gmail.com

Event Description: ANNUAL MUSIC FESTIVAL

Caterer: _____ Caterer's Phone Number: _____

This event will utilize the following venues (check all that apply):

- ☐ Big 4 Depot - Community Room ☐ Riehle Plaza ☐ John T. Myers Bridge
☒ City Right-of-way ☒ City Street ☒ Sidewalk ☐ Other _____

This event will include the following elements (check all that apply):

Estimated Attendance: 1000 ☒ Private Trash Hauler (must be removed by 8am following day)

☒ Street/Sidewalk/Right-of-way restriction or closure ☒ Food or Beverages

☒ Restroom Facilities (required for events 4+ hours) ☒ Tents/Canopies

☒ Alcohol (security is required) ☒ Security (required when serving alcohol)

Not sure if you need an A&E Permit? Go to:

☒ Amusement & Entertainment Permit # _____ <http://www.in.gov/dhs/2795.htm>

☒ Stage ☐ Fireworks ☐ Outdoor cooker/grill ☐ Other _____

Optional Equipment & Services:

- ☒ Traffic Control: barricades, **No Parking** signs, water barriers, **Road Closed** Signs \$25
- ☒ City Equipment: Trash totes, other \$25

Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

	0	7 days	14 days	21 days		42 days	
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

Application submittal checklist

- ☒ Application
- ☒ Pre-event meeting (if required)
- ☒ Good Neighbor letter to neighboring properties (**send or deliver to neighbors 7 days prior to Board of Works hearing**)
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☐ Receipt – payment made to City of Lafayette

- Damage Deposit: \$ _____ (required only when renting Depot)
- Permit Fee: \$ 25 (fee waived when renting Depot)
- Rental Fee: \$ 50
- Equipment & Services: \$ _____ (optional)

- ☒ Certificate of Insurance ON REQUEST
- ☒ Amusement & Entertainment Permit # ON REQUEST

Not sure if you need an A&E Permit? Want more information? Go to:

<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**

- ☒ Traffic Control / Public Safety / Emergency Plan -- TO WORK WITH CITY SAFETY TEAMS
- ☒ User Agreement
- ☒ Board of Public Works and Safety meeting (if required)

USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: _____

Date: _____

"User"

By:  _____
Signature

Printed: SCOTT E. FREEMAN

Date: 1-10-22

Ouibache

A ROOTS MUSIC FESTIVAL

Greetings,

My name is Scott Freeman, and I am the President and CEO of the Ouibache (pronounced WE-buh-SHAY) Music Festival. We have asked the city for permission to conduct our festival on August 26-27, 2022, from 6pm-11pm. The actual festival set up will begin on Friday August 26th at 4am. We will need to close streets and limit vehicle access to the public on Main Street from 9th to 11th during these times. Public pedestrian access and deliveries will still be able to be made until 4:00 pm on Friday August 26th. We will only require admission access to the grounds from 5:00pm on Friday the 26th until 10:00pm and on Saturday the 27th the same.

For your inconvenience, we will provide you with complimentary passes to get you in and out of the festival with ease. There will be a few hundred of your neighbors at your doorstep and a couple stages with good music to enjoy. Rest assured, we will take good care of your property and make sure it is as clean as we found it. Come be our guest and thank you for allowing us to bring this great event to the east end. We have submitted this to the Lafayette Board of Works for their approval. If you have any questions or concern, please contact me.

Sincerely,

Scott Freeman, President/CEO
Ouibache Music Festival, Inc.
Scottfreeman12@gmail.com
765-532-0837

Ferry Street

Ouibache 2022

Tenth Street

Ninth Street

North Gate

Re-Entry
Gate

Beer Garden

Band load in/out

Main Street

Band Load In/Out via Main Street

Shrine Club

Buttery Shelf

Wine Cellar

Retail Therapy

Ripple

South Gate

dumpster

Columbia Street





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bundy McNear Insurance Agency Inc. 3595 Sagamore Pkwy N., Ste 4 P. O. Box 446 Lafayette IN 47902-0446		CONTACT NAME: Steve Curtis PHONE (A/C, No, Ext): (765) 742-4031 FAX (A/C, No): (765) 742-7315 E-MAIL ADDRESS: steve@bundy-mcneer.com	
INSURED Ouibache Music Festival, Inc. PO Box 176 Lafayette IN 47902		INSURER(S) AFFORDING COVERAGE INSURER A: Arlington/Roe & Co., Inc. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 1512	

COVERAGES

CERTIFICATE NUMBER: 21LG2241236

REVISION NUMBER:

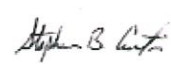
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NBP2552594C	02/19/2021	02/19/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Lafayette is Additional Insured

CERTIFICATE HOLDER**CANCELLATION**

CITY OF LAFAYETTE 20 N. 6TH ST. LAFAYETTE IN 47901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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DATE (MM/DD/YYYY)

01/11/2022

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	NAIC # 1512

COVERAGES**CERTIFICATE NUMBER:** 22KMK111921**REVISION NUMBER:**

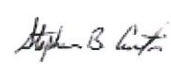
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per person) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				BODILY INJURY (Per accident) \$
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							EACH OCCURRENCE \$
							AGGREGATE \$
							PER STATUTE OTH-ER
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MISCELLANEOUS PAYMENT RECPT#: 3036802
City of Lafayette, IN
20 N 6th St
Lafayette IN 47901

DATE: 01/10/22 TIME: 15:35
CLERK: mmiller DEPT:
CUSTOMER#: 999
MISC CUSTOMER
COMMENT: QUIBACHE MUSIC FESTI

CHARGES:
APG1 APPLICATION FEE 25.00
BARR BARRICADE RENTA 25.00
SPEQ PICNIC TABLES 25.00
AMOUNT PAID: 75.00

PAID BY: SCOTT FREEMAN
PAYMENT METH: CREDIT CARD
V#9246 EX 0625

REFERENCE:

AMT TENDERED: 75.00
AMT APPLIED: 75.00
CHANGE: .00